U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 380 6

3. Name and address of person filing.

16006

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/2004 Through: 12/31:/2004

Name UNITED BROTHER HOOD of CARPENTERS

4. Name, file number, and address of labor organization.

	Labor Organization File Number 34175
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 8250 PINE FOREST RD	Street 140 64TH AVE
City RAUENNA	city coopersville
State MZ ZIP Code + 4 49451	State MI ZIP Code + 4 49404
5. Position in labor organization. PRe51DewT	STEAN AND THE STEAM OF BUILDING STEAM OF THE
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6. Name and address of Employer (Including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.0. Astrount
City .	
State ZIP Code + 4	
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany)	Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

6/6 - 837 - IS 00 Telephone Number

Name of Person Filling THOMAS STARK	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name MZ CARPENTERS FRINGE BENEF,	9. Business deals with:			
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., If any Street 6525 CENTURION DRIVE	c. Employer			
City LANSING State MI ZIP Code + 4 49917				
9275	•			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. TRUSTEE OF PENISON FUND			
Name	1 Rusiee of revisor 1402			
Trade Name, If any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	ALL ReimBursements ARE for			
H.	expenses Directly INCURRED IN			
	my capacity as Trustee			
	12.b. Amount. 342.00			
C. Received from any employer (other than an employer covered ur or from any labor relations consultant to an employer any payment of mon				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Analysis person to managed a collection and a conference of the conference of the collection of the co				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
From: Proof	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant?	Land to the second seco			

Mattine of Person Filling Thomas STARK	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name MZ CARPENTERS ERINGE BENEFIT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6525 CENTURION DRING City LANSING State MI ZIP Code + 4 48917 9275	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, If any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. TRAINING FUND 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ALL REIMBUSEMENTS ARE FOR EXPENSES DIRECTLY INCURRED IN MYCAPACITY AS TRUSTEE			
·.	12.b. Amount. /72.00			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	ar parts A and B above) or other thing of value. 14.a. Nature of payment. 14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant ?	THE AMOUNT OF PAYMENT.			

Name of Person Filling 7/10mas STARK	File Number U	<u>•</u>		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:	•		
Name MI CARPENTERS FRINGE BENEFI				
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 6525 CENTURION DRIVE	C. Employer			
City LANSING				
State MT ZIP Code + 4 48917				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	TRUSTER OF HEALT	THEARE FUND		
Trade Name, If any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing	M		
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		The employment of the control of the		
	12.b. Amount.	267.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, If any).		Administrative tree appearance and the later and the second second second		
Name				
Trade Name, If any:				
P.O. Box, Bldg., Room No., If any				
Street				
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po vag	14.b. Amount of payment.			
13.b. is the Business an Employer or Consultant?				